



**Electronic Deposit Authorization
State of Wisconsin - Central Payroll System**

Employee's Last Name (Print)	First Name	MI	Social Security Number *
<input type="checkbox"/> Original Sign-up <input type="checkbox"/> Authorization Change	Name of Financial Institution		City
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Transit Number 		Account Number

A VOIDED CHECK MUST BE ATTACHED FOR ACCOUNT VERIFICATION

I authorize the State of Wisconsin to electronically deposit funds I am entitled to receive to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the State of Wisconsin to initiate a correcting (debit) entry.

This authorization will remain in effect until I cancel it in writing. I understand that the authorization may be rejected or discontinued by the State of Wisconsin at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If I change financial institutions, I understand that for two (2) pay periods I will receive a payroll check.

* Your Social Security Number is being used for accurate employee identification purposes.

Employee Signature	Date
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WHITE: Return to Agency Payroll Office

CANARY: Employee Copy